### FORM D

RECEIVER

DEC 1 9 2007

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

# FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, **SECTION 4(6), AND/OR** 

SEC USE ONLY Prefix DATE RECEIVED DLJ

OMB Number: 3235-0076

Hours per response....16.00

Expires: April 30, 2008 Estimated average burden

UNIFORM LIMITED OFFERING EXEMPTION **ATTENTION** 

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Name of Offering ( check if this is an amendment and name has changed, and indicate change)  Initial Contribution of Capital								
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section	n 4(6) ULOE							
Type of Filing: New Filing  Amendment								
A. BASIC IDENTIFICATION DATA								
Enter the information requested about the issuer								
Name of Issuer ( check if this is an amendment and name has changed, and indicate change)								
UNITECH WATER SYSTEMS CORPORATION 0708	7041							
Address of Executive Offices (Number and Street, City, State, Zip Code)	er er							
146 W. 132nd Street, Unit C, Los Angeles, CA 90061	(310) 323-9833							
Address of Principal Business Operations (Number and Street, City, State, Zip Code)	Telephone Number							
(if different from Executive Offices)	( )							
Brief Description of Business	`` PROCESSEI							
developing and manufacturing innovative water purification products	•							
Type of Business Organization	DEC 2 8 2007							
☐ corporation ☐ limited partnership, already formed ☐ other (please specify):								
business trust limited partnership, to be formed	THOMSON							
Month Year	FINANCIAL							
Actual or Estimated Date of Incorporation or Organization: 0 6 9 6 🖂 Actual 🗌 Estimated								
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:								
CN for Canada; FN for other foreign jurisdiction)	<u>A</u>							

### GENERAL INSTRUCTIONS

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to this notice constitutes a part of this notice and must be completed.

	A	. BASIC IDENTIFIC	CATION DATA								
2. Enter the information requ	ested for the following	ng:									
<ul> <li>Each promoter of the</li> </ul>	• Each promoter of the issuer, if the issuer has been organized within the past five years;										
<ul> <li>Each beneficial ownersecurities of the issue</li> </ul>											
Each executive office											
Each general and man	naging partner of part	nership issuers.									
Check Box(es) that Apply: Promoter Beneficial Executive Director General and/or Owner Officer Managing Partner											
Full Name (Last name first, if	individual)										
KIM, JUEN S.											
Business or Residence Address	s (Number and Street,	City, State, Zip Code	)		·*· · · ·						
146 W. 132 <sup>ND</sup> STREET, UN	IIT C, LOS ANGEI	LES, CA 90061									
		· · · · · · · · · · · · · · · · · · ·	· <u>· · · · · · · · · · · · · · · · · · </u>								
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	☑ Director	☐ General and/or Managing Partner						
Full Name (Last name first, if	individual)										
KIM, HEE WON											
Business or Residence Address	(Number and Street,	City, State, Zip Code	)								
146 W. 132 <sup>ND</sup> STREET, UN	IT C, LOS ANGEI	LES, CA 90061									
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner						
Full Name (Last name first, if	individual)										
Business or Residence Address	s (Number and Street,	City, State, Zip Code	)								
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner						
Full Name (Last name first, if	individual)										
,	,										
Business or Residence Address	(Number and Street,	City, State, Zip Code)	)								
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner						
Full Name (Last name first, if i	ndividual)										
Business or Residence Address (Number and Street, City, State, Zip Code)											
Check Box(es) that Apply:	Promoter	<ul><li>Beneficial</li><li>Owner</li></ul>	Executive Officer	Director	General and/or Managing Partner						
Full Name (Last name first, if i	ndividual)										
Business or Residence Address (Number and Street, City, State, Zip Code)											
, <del>y</del> ,,,											

B. INFORMATION ABOUT OFFERING												
Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?  Answer also in Appendix, Column 2, if filing under ULOE  What is the minimum investment that will be accepted from any individual?								Yes ⊠	No □ N/A			
3. Does the offering permit joint ownership of a single unit?									Yes ⊠	No		
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.												
Full Na	ıme (Last na	me first, if	individual)									
N/A												
Busine	ss or Reside	nce Addres	s (Number	and Street,	City, State,	Zip Code)						· · · · · · · · · · · · · · · · · · ·
Name o	of Associate	d Broker or	Dealer									
States i	n Which Pe	rson Listed	Has Solicit	ed or Inten	ds to Solici	t Purchaser	s					
(Chec	k "All State	s" or check	individual	States)				**************	************			All States
[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]
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	•		•									
Busine	ss or Reside	nce Addres	s (Number	and Street,	City, State,	Zip Code)						
Name	of Associate	d Broker or	Dealer						· · · ·			
States i	n Which Pe	rson Listed	Has Solicit	ed or Inten	ds to Solici	t Purchaser	S					
(Chec	k "All State	s" or check	individual	States)					******			All States
[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]
Full Na	ıme (Last na	me first, if	individual)									
Busine	ss or Reside	nce Addres	s (Number	and Street,	City, State,	Zip Code)				,		
Name o	of Associate	d Broker or	Dealer	·								
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers												
(Chec	k "All State	s" or check	individual	States)						•••••		All States
[AL] [IL] [MT]	[AK] [IN] [NE]	[AZ] [IA] [NV]	[AR] [KS] [NH]	[CA] [KY] [NJ]	[CO] [LA] [NM]	[CT] [ME] [NY]	[DE] [MD] [NC]	[DC] [MA] [ND]	[FL] [MI] [OH]	[GA] [MN] [OK]	[HI] [MS] [OR]	[ID] [MO] [PA]

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND U	SE OI	F PROCEI	EDS		
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box $\square$ and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.					
	Type of Security		Aggregate ffering Pric	e	A	mount Already Sold
	Debt	\$_	0		\$	0
	Equity	\$	1		\$	1
	☐ Common ☐ Preferred			_		
	Convertible Securities (including warrants):	\$	0		\$	0
	Partnership Interests	\$	0		\$	0
	Other (Specify ):	\$ -	0	_	\$	0
	Total	\$	1		\$	1
	Answer also in Appendix, Column 3, if filing under ULOE.	_				
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if the answer is "none" or "zero."					Aggregate
			Number Investors			Oollar Amount Of Purchases
	Accredited Investors		0		\$	0
	Non-accredited Investors		1		\$	1
	Total (for filings under Rule 504 only)		0		\$	0
	Answer also in Appendix, Column 4, if filing under ULOE.					· · · · · · · · · · · · · · · · · · ·
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C – Question 1.					
	Type of offering		Type of		Γ	Ollar Amount
			Security			Sold
	Rule 505					
	Regulation A					
	Rule 504					
	Total					
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.					
	Transfer Agent's Fees.		••••		\$	0
	Printing and Engraving Costs				\$	0
	Legal Fees (for issuer's counsel)				\$	0
	Accounting Fees and Escrow Fees				\$	0
	Engineering Fees.				\$	0
	Sales Commissions (specify finders' fees separately) (if placement agents are engaged) (2)				\$	0
	Other Expenses (identify)		••••		\$	0
						_

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS								
b. Enter the difference between the aggregate offering price given in total expenses furnished in response to Part C – Question 4.a. This diff to the issuer."	proceeds	\$	_	1				
<ol> <li>Indicate below the amount of the adjusted gross proceeds to the issuer us the purposes shown. If the amount for any purpose is not known, furn the left of the estimate. The total of the payments listed must equal the set forth in response to Part C - Question 4.b. above.</li> </ol>								
			Di	yments to Officers, irectors & Affiliates	Payments To Others			
Salaries and fees			\$	0		\$ .	0	
Purchase of real estate	***************************************		\$	0		\$	0	
Purchase, rental or leasing and installation of machinery and equipment			\$	0		\$	0	
Construction or leasing of plant buildings and facilities				0		\$	0	
Acquisition of other businesses (including the value of securities involved in this Offering that may be used in exchange for the assets or securities of another issuer						•		
pursuant to a merger)			\$			\$ -		
Repayment of indebtedness	•••••	Ц	\$	0	Ш	3	0	
Working capital (includes product licensing and advertising and marketing)				0		\$	1	
Other (specify):						\$		
			\$	0		\$	0	
Column Totals	************************		\$	0		\$	1	
Total Payments Listed (column totals added)						\$	1	
D. FEDERAL SI	GNATURE							
The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.								
Issuer (Print or Type) Signature					Date			
UNITECH WATER SYSTEMS CORPORATION	Deer	Donk-				cembe	г <u>/3</u> , 2007	
Name of Signer (Print or Type)  Title of Signer (Print or Type)								
Hee Won Kim	President							

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001)

END